


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90110 045 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 666646					
1. Corporation Name QUIPP, INC.					
Principal Place of Business 4800 N.W. 157TH STREET HIALEAH FL 33014			Mailing Address 4800 N.W. 157TH STREET HIALEAH FL 33014		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		04/11/1980	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2306191	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		7. Trust Fund Contribution <input type="checkbox"/>	
24		29		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
CT CORPORATION SYSTEMS 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City		
			85 Zip Code		
			FL		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE <input type="checkbox"/> DELETE			1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME BRANCA, RALPH			1.2 NAME CAMPBELL		
STREET ADDRESS 4800 N.W. 157TH STREET			1.3 STREET ADDRESS 4800 N.W. 157TH ST.		
CITY-ST-ZIP MIAMI FL 33014			1.4 CITY-ST-ZIP MIAMI FL 33014		
TITLE <input type="checkbox"/> DELETE			2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME FINLEY, JACK D			2.2 NAME KEPNER, CRISTINA		
STREET ADDRESS 4800 NW 157TH STREET			2.3 STREET ADDRESS 4800 N.W. 157TH ST.		
CITY-ST-ZIP MIAMI FL 33014			2.4 CITY-ST-ZIP MIAMI FL 33014		
TITLE <input type="checkbox"/> DELETE			3.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME KIPP, LOUIS D			3.2 NAME ROSE, WILLIAM		
STREET ADDRESS 4800 N.W. 157TH STREET			3.3 STREET ADDRESS 4800 NW 157TH STREET		
CITY-ST-ZIP MIAMI FL 33014			3.4 CITY-ST-ZIP MIAMI FL 33014		
TITLE <input type="checkbox"/> DELETE			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME PCEO PERI, ANTHONY			4.2 NAME		
STREET ADDRESS 4800 N.W. 157TH STREET			4.3 STREET ADDRESS		
CITY-ST-ZIP MIAMI FL 33014			4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME BAROCAS, JEFFREY S.			5.2 NAME		
STREET ADDRESS 4800 N.W. 157TH STREET			5.3 STREET ADDRESS		
CITY-ST-ZIP MIAMI FL 33014			5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

7-12-99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0129788

CR2E034 (11/98)